



STATE OF MISSOURI  
BOARD FOR CERTIFICATION OF INTERPRETERS  
MENTORING PROGRAM APPLICATION

1103 Rear Southwest Boulevard  
Jefferson City, MO 65109  
(573) 526-5205 (V/TTY)

INSTRUCTIONS: Please complete the information below. Return the completed form, required videotape, and a \$10.00 cashier's check or money order (made payable to MCDHH/BCI Fund)—**no personal checks accepted**—to the above

FOR OFFICE USE ONLY

Application Received:

Fee Paid:

Videotape Received:

APPLICANT INFORMATION

NAME (full name, including middle initial)		HOME TELEPHONE NUMBER (Voice/TTY/Both)
PREVIOUS NAME(S) (if any)	DATE OF BIRTH	SOCIAL SECURITY NUMBER
PRESENT ADDRESS	Street	City State Zip Code County
EMAIL ADDRESS	CELL PHONE/PAGER (Cell/Pager/Both)	
NAME AND LOCATION OF COLLEGE/UNIVERSITY (City, State)		DEGREE EARNED & WHEN
NAME AND LOCATION OF HIGH SCHOOL (City, State)		DATE DIPLOMA OR EQUIVALENT ISSUED

INTERPRETING INFORMATION

CURRENT CERTIFICATION (check all that apply) <input type="checkbox"/> Novice <input type="checkbox"/> Apprentice <input type="checkbox"/> Intermediate <input type="checkbox"/> Advance <input type="checkbox"/> Comprehensive <input type="checkbox"/> PCED <input type="checkbox"/> RCED (General) <input type="checkbox"/> RCED (K-6) <input type="checkbox"/> RCED (7-12) (Circle your Endorsement) ASL PSE SEE	<input type="checkbox"/> I currently hold a valid License issued by the Missouri State Committee of Interpreters; License # _____ (attach a copy of your license) EXPERIENCE How many years have you used sign language? _____ Circle what you have experience with: <b>ASL</b> <b>PSE</b> <b>SEE</b> How many years have you interpreted professionally? _____
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VIDEOTAPE

Along with this written application please submit a videotape that includes:

A. 5 minute introduction of

B. Sample of your interpreting (10 minutes each) to include:

GOALS FOR MENTORSHIP

PLEASE CHOOSE GOALS YOU WOULD LIKE TO WORK ON (check all that apply)

(You will be put in a small group that is working on two of the goals that you choose)

INTERPRETING:

TRANSLITERATING:

ASL to English

- ☐ Vocabulary Selection
- ☐ Fingerspelling (receptive)
- ☐ Classifiers (receptive)
- ☐ Register (presentation style)
- ☐ Content Accuracy
- ☐ Affect
- ☐ English Structure
- ☐ Composure

English to ASL

- ☐ Use of Space and Classifiers
- ☐ Sign Choice
- ☐ Use of Numbers
- ☐ Use of Non-Manual Signals (facial expressions)
- ☐ Fingerspelling (expressive)
- ☐ Clarity of signs
- ☐ Content Accuracy

PSE to English

- ☐ Vocabulary Selection
- ☐ Fingerspelling (receptive)
- ☐ Register (presentation style)
- ☐ Content Accuracy
- ☐ Affect
- ☐ English Structure
- ☐ Composure

English to PSE

- ☐ Sign Choice
- ☐ Content Accuracy
- ☐ Mouth Movements
- ☐ Fingerspelling
- ☐ Processing Time
- ☐ Clarity of Signs
- ☐ PSE Structure
- ☐ Use of Numbers

SIGNATURE

SIGNATURE OF APPLICANT

DATE